

Board of Law Examiners

STATE OF WEST VIRGINIA

City Center East, Suite 1200 B

4700 MacCorkle Ave., SE

Charleston, WV 25304

Phone (800) 841-6212 OR (304) 558-7815

AFFIDAVIT OF AUTHORIZATION AND RELEASE **(MUST HAVE ORIGINAL SIGNATURES)**

I understand that completion and filing of this affidavit and supplemental information, and appearance for requested interviews with members of the appropriate District Character Committee, and with the Board of Law Examiners, are prerequisites to certification of my character and fitness. I understand that if questions arise concerning my character or fitness, the burden is on me to establish that I possess the requisite character and fitness for admission to the State Bar of West Virginia. I agree to furnish additional information under oath, orally or in writing, as may be required, to the appropriate District Character Committee, the Board of Law Examiners, or The West Virginia State Bar.

I understand that members of the public and persons and entities acting in any capacity are encouraged to submit information about me for the investigation and determination of my character and fitness. I hereby request and authorize any person or institution with any records or knowledge of my person and character, including information that might otherwise be considered privileged or confidential, to furnish such information as may be requested by the appropriate District Character Committee, the Board of Law Examiners, or The West Virginia State Bar. I understand this authorization will terminate with the final disposition of this application or upon my written withdrawal of this authorization, which withdrawal shall result in the immediate discontinuance of the processing of this application.

I release and discharge from all liabilities whatsoever the members and staffs of the District Character Committee, the Board of Law Examiners, and The West Virginia State Bar, individually and in their representative capacities, and any person or institution that furnishes information to them for the investigation of my eligibility to be licensed as an attorney in the State of West Virginia.

I understand the information in the application filed with the Board of Law Examiners, or any other information in the possession of the District Character Committee, the Board of Law Examiners, or The West Virginia State Bar, may be disclosed among these entities, any other admitting agencies and any disciplinary agencies in other jurisdictions, and to any court requested to exercise jurisdiction over my application, and information may be subject to subpoena by law enforcement agencies or other governmental authority, but it will otherwise be kept confidential. I understand that I will not receive and am not entitled to a copy of the report of the District Character Committee or to know of its contents, and I further understand that the contents of my character report are confidential.

I certify that I have read the West Virginia Supreme Court's Rules for Admission to the Practice of Law, and I understand that I am bound by the provisions set forth therein.

Date

Signature of Applicant

STATE OF _____

COUNTY OF _____

TO WIT:

On _____, 20_____, before me a Notary Public of such State and County, appeared

_____ who is the individual who executed this Affidavit of Authorization and Release and swore that he/she has read this Affidavit of Authorization and Release and understands its content.

Subscribed and sworn to before me this the _____ day of _____,

20 _____. My commission expires on _____.

NOTARY PUBLIC

(SEAL)